CLAIM FOR REIMBURSEMENT FOR EXPENDITURES				DFFICE				2. VOUCHER NUMBER			
ON OFFICIAL BUSINESS							3. SCHEDULE NUMBER				
			Read the Privacy Act S	tatement	on the back of th	his form.		5. PAID BY			
	a. NAMI	a. NAME (Last, first, middle initial)				b. SOCIAL SECURITY NUMBER					
4. CLAIMANT	c. MAIL	ING A	DDRESS (Include ZIP Code)			d. OFFICE TELEPHO NUMBER	ONE				
6 F	EXPENDIT	TURES	(If fare claimed in col. (g) exceeds	charge for o	one person, show in co	ol (h) the number of	additional ne	rsons which acco	omnanied the	claimant	1
	DATE		Show appropriate code in col. (b):		ne person, snow m ec	in the named of	MILEAGE		MOUNT C		
19		D	A - Local travel B - Telephone or telegraph, or C - Other Expenses (itemized)			RATE ¢	MILEAGE	FARE OR TOLL	ADD.	TIPS AND MISCEL-	
(a)		(b)	(Explain expenditures in specific detail.) (c) FROM (d)			NO. OF MILES (e)	(f)	(g)	SONS (h)		
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If a	dditiona	l spac	l se is required continue on the l	nack	SUBTOTALS CARRIE	D FORWARD FROM					
7.	AMOU (g) and		AIMED (Total of cols (f),	\$		TOTALS					
ne in	ecessary ocluded, t	in the he app	oproved. Long distance telephone of interest of the Government. (Note roving official must have been auth t or agency to so certify (31 U.S.C. Sign Original Only	e: If long dis horized, in w	tance calls are	10. I certify that thi belief and that p PAYMENT DE CHECK	payment or ci	redit has not bee			edge and
			Sigit Stigilial Only		DATE	CLAIMANT SIGN HERE				DATE	
OFF	ROVING ICIAL N HERE					11. a. PAYEE (Signature	e)	CASH PAYME		DATE	
9. 1	This claim	is cer	tified correct and proper for paymen	nt.	•					AMOUN	Т
AUT CEP	THORIZED	_	Sign Original Only		DATE	10 DAVAGNITAGE	N F			_	
OFF	ICER N HERE					12. PAYMENT MAI BY CHECK NO.	JE				

OFFICER SIGN HERE

ACCOUNTING CLASSIFICATION

6. EXPENDITURES - Continued										
DATE		Show appropriate code in col. (b):			AMOUNT CLAIMED					
19	O D E	A - Local travel B - Telephone or telegraph, or C - Other Expenses (itemized) (Explain expenditures in specific detail.)			MILEAGE	FARE		TIPS AND MISCEL-		
						OR TOLL	PER- SONS	LANEOUS		
(a)	(b)	(c) FROM	(d) TO	NO. OF MILES (e)	(f)	(g)	(h)	(i)		
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		Total each column an	d enter on the front, subtotal line							
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In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 601(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by Federal agency officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is volumtary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.